

ATTACHMENT A.1

**INDIANA WIRELESS ENHANCED 911 ADVISORY BOARD**

Indiana Treasurer of State  
Indiana State House  
200 West Washington Street, Room 242  
Indianapolis, Indiana 46204-2792

**WIRELESS CARRIER**  
**PHASE II COST RECOVERY STATEMENT**

CARRIER: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In accordance with I.C. §§ 36-8-16.5-1 *et seq.*, we submit the following:

- 1) total monthly recurring costs ("MRCs") and nonrecurring costs ("NRCs") for E911 Phase II implementation through June 30, 2005; and,
- 2) total Phase II reimbursement received through June 30, 2005.

Total Phase II implementation monthly recurring costs ("MRCs") through 6/30/05	\$ _____
Less: Total MRC reimbursement through 6/30/05	_____
Total Phase II implementation nonrecurring costs ("NRCs") through 6/30/05	_____
Less: Total NRC reimbursement through 6/30/05	_____
Balance due from/to Board	\$ _____

Value of Phase II implementation costs reflected above for items not previously identified on an approved cost recovery plan	\$ _____
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**CERTIFICATION**

I swear or affirm, under the penalties of perjury, that the representations contained in the foregoing Phase II Cost Recovery Statement are, to my knowledge, accurate and that \_\_\_\_\_ has actually expended the costs for which it now seeks reimbursement.

\_\_\_\_\_  
Signature of Carrier

\_\_\_\_\_  
Date (Month, Day, Year)

\_\_\_\_\_  
Title